

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022854 ✓

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2732

FILED JUN 21 1962

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITYLength of stay in 1b
70 YEARSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
4925 WESTWOOD TERRACEReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First PAUL

Middle HEDLEY

Last BAKER

4. DATE OF DEATH

Month MAY

Day 18

Year 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/28/91

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

VICE-PRESIDENT

10b. KIND OF BUSINESS OR INDUSTRY

AMERICAN SASH & DOOR COMPANY

11. BIRTHPLACE (City and state or country)

KANSAS CITY, MO.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

DAVID BAKER

13b. MOTHER'S MAIDEN NAME

HARRIETT DREISBACH

14. NAME OF HUSBAND OR WIFE

MRS. HAZEL BAKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

MRS. HAZEL

Address 4925 WESTWOOD TERRACE
BAKER KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for terminal disease. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ventricular Tachycardia

INTERVAL BETWEEN ONSET AND DEATH

1 Hour

DUE TO (b)

Myocardial Ischemia

24 years

DUE TO (c)

Coronary Sclerosis

3 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Left Carotid artery Occlusion

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Sept 1961 to present

10:15 A.

and last saw him alive on 5-18-62

Death occurred at

10:15 A.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

George K. Boyd M.D.

22b. ADDRESS

5111 Independence Ave

22c. DATE SIGNED

5-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

MAY 21, 1962

23c. NAME OF CEMETERY OR CREMATION

MT. MORIAH CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY

(State)

MISSOURI

24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS KANSAS CITY, MO.

ADDRESS

1331 BRUSH CR.

25. DATE RECD. BY LOCAL REG.

5-21-62

26. REGISTRAR'S SIGNATURE

Ruth N Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

George K. Boyd

Dr. Remond H. Boyd
5111 Judsonville Avenue
1100-5163

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Louis Ducit

Licensed Embalmer No.

4046

P. O. Address

Rt. C - 220

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.